

**2009 BI-WEEKLY HEALTH PLAN RATES
RECREATION EMPLOYEES
PART-TIME REGULAR (.4 FTE) EMPLOYEES**

	CARE FIRST BLUE CHOICE HMO	CARE FIRST BLUE CHOICE HMO OPEN ACCESS (NEW PLAN)	KAISER PERMANENTE HMO	KAISER PERMANENTE POINT OF SERVICE (NEW PLAN)	M.D. IPA HMO	M.D. IPA POS
<i>INDIVIDUAL</i>						
<i>Employee Share</i>	\$ 147.12	\$173.66	\$142.95	\$153.35	\$310.79	\$360.98
<i>City Cost</i>	\$61.26	\$61.26	\$61.26	\$61.26	\$61.26	\$61.26
<i>Total Cost</i>	\$208.38	\$234.92	\$204.21	\$214.61	\$372.05	\$422.24
<i>2- PERSON</i>						
<i>Employee Share</i>	\$294.22	\$347.29	\$285.89	\$306.68	\$581.13	\$675.95
<i>City Cost</i>	\$122.53	\$122.53	\$122.53	\$122.53	\$122.53	\$122.53
<i>Total Cost</i>	\$416.75	\$469.82	\$408.42	\$429.21	\$703.66	\$798.48
<i>FAMILY</i>						
<i>Employee Share</i>	\$441.34	\$520.94	\$428.83	\$460.02	\$814.50	\$949.02
<i>City Cost</i>	\$183.79	\$183.79	\$183.79	\$183.79	\$183.79	\$183.79
<i>Total Cost</i>	\$625.13	\$704.73	\$612.62	\$643.81	\$998.29	\$1,132.81

Rates are based on Twenty (20) Pay Periods Per Year